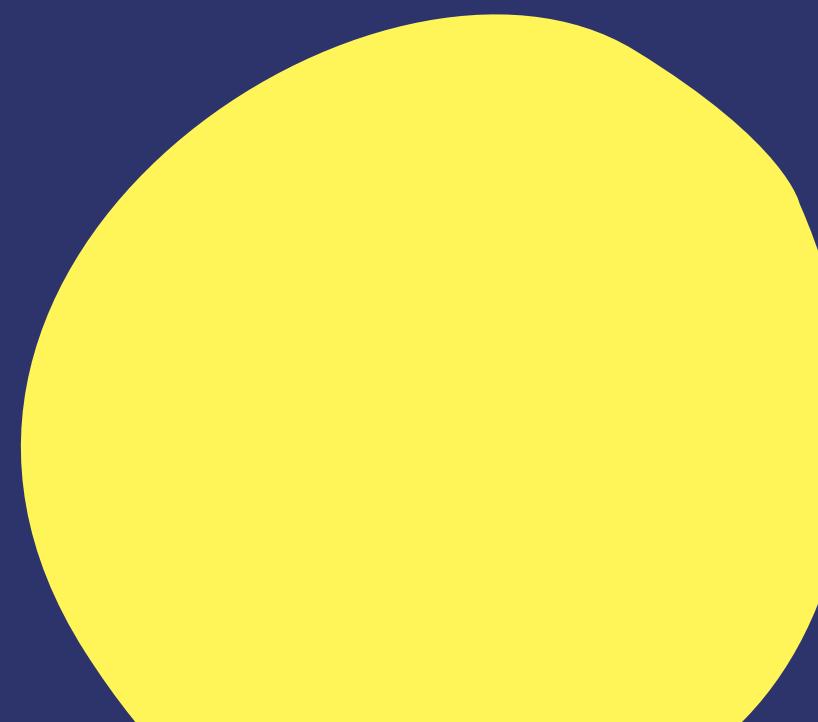


DOING AND UNDOING HARM

Valuing and Devaluing Diversity, Equity, and
Inclusion in Medical Education

JEREMY GREENE M.D., PH.D

ALEXANDRE WHITE PH.D



About Us



Alexandre White Ph.D

Assistant Professor of History of Medicine and Sociology; Director, Global Health Leadership Track ; Associate Director, Center for Medical Humanities and Social Medicine



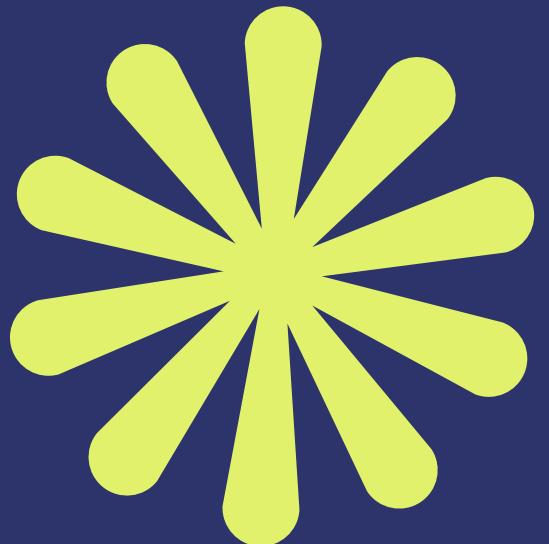
Jeremy Greene M.D. Ph.D

William H. Welch Professor of Medicine and History of Medicine; Director, Institute of the History of Medicine; Director, Center for Medical Humanities & Social Medicine

AGENDA

- 1 **DOING HARM: FLEXNER REVISITED**
- 2 **UNDOING HARM: VALUING DIVERSITY, EQUITY, AND INCLUSION IN FORM AND CONTENT**
- 3 **BACKLASH: THE CRITIQUE OF “WOKE MEDICINE”**
- 4 **FROM HARM TO REPAIR**

1. DOING HARM: FLEXNER, REVISITED





ABRAHAM FLEXNER:

An Autobiography

A REVISION,
BROUGHT UP TO DATE,
OF THE AUTHOR'S *I REMEMBER*,
PUBLISHED IN 1940
INTRODUCTION BY ALLAN NEVINS



SIMON AND SCHUSTER • NEW YORK • 1960

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AAMCNEWS

AAMC renames prestigious Abraham Flexner award in light of racist and sexist writings

Abraham Flexner Award for Distinguished Service to Medical Education to become AAMC Award for Excellence in Medical Education.



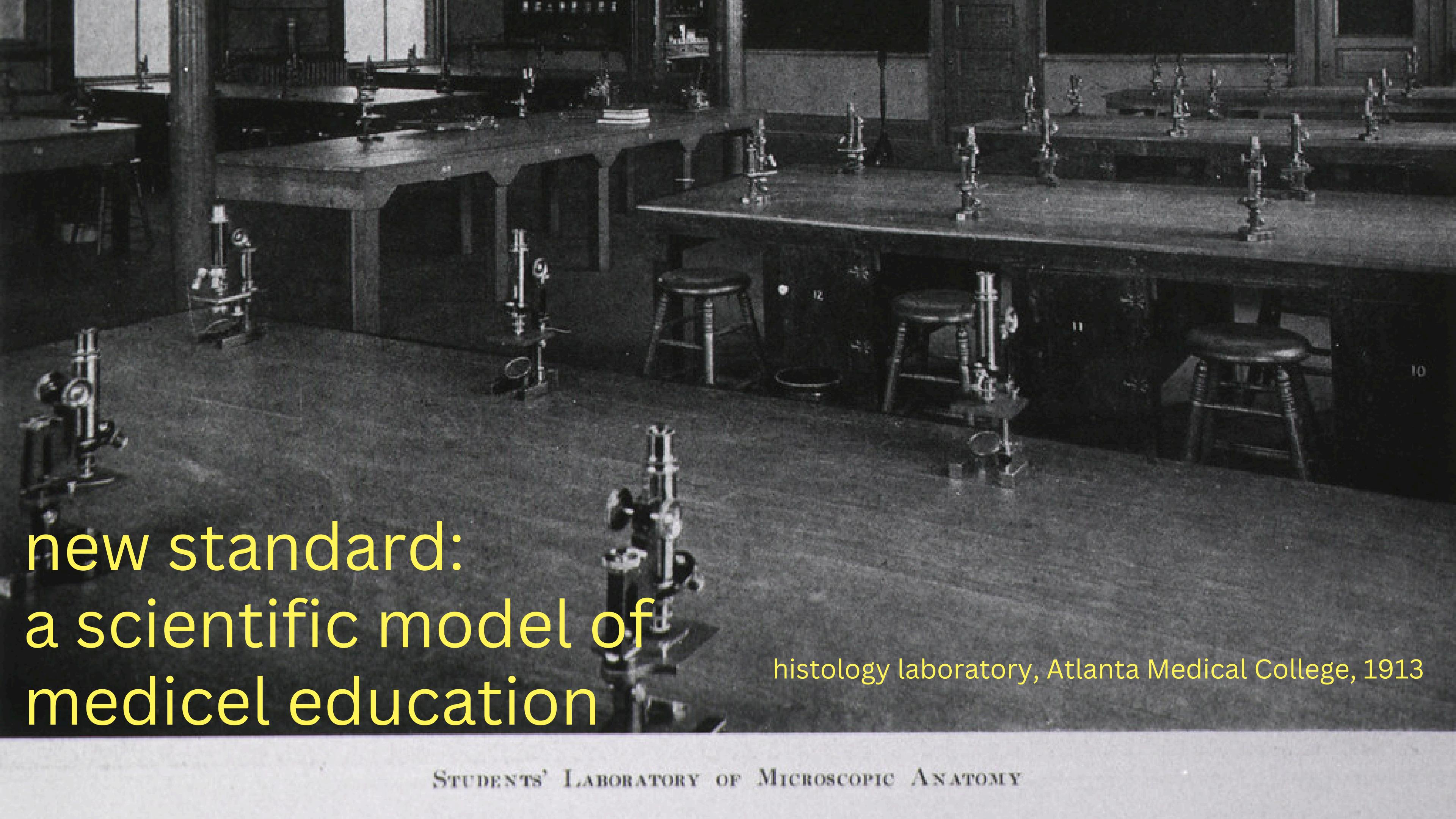
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new standard:
a scientific model of
medical education

histology laboratory, Atlanta Medical College, 1913

STUDENTS' LABORATORY OF MICROSCOPIC ANATOMY

FACTORIES FOR THE MAKING OF IGNORANT DOCTORS

Carnegie Foundation's Startling Report that Incompetent Physicians Are Manufactured by Wholesale in This Country.



Absent Doctors.

From Mr. Peabody's Report.

FOR the last fifteen years there has been an enormous increase production of untrained and unskilled medical practitioners.

There has been no absolute disregard of the public welfare and welfare any more thought of the standards of the public.

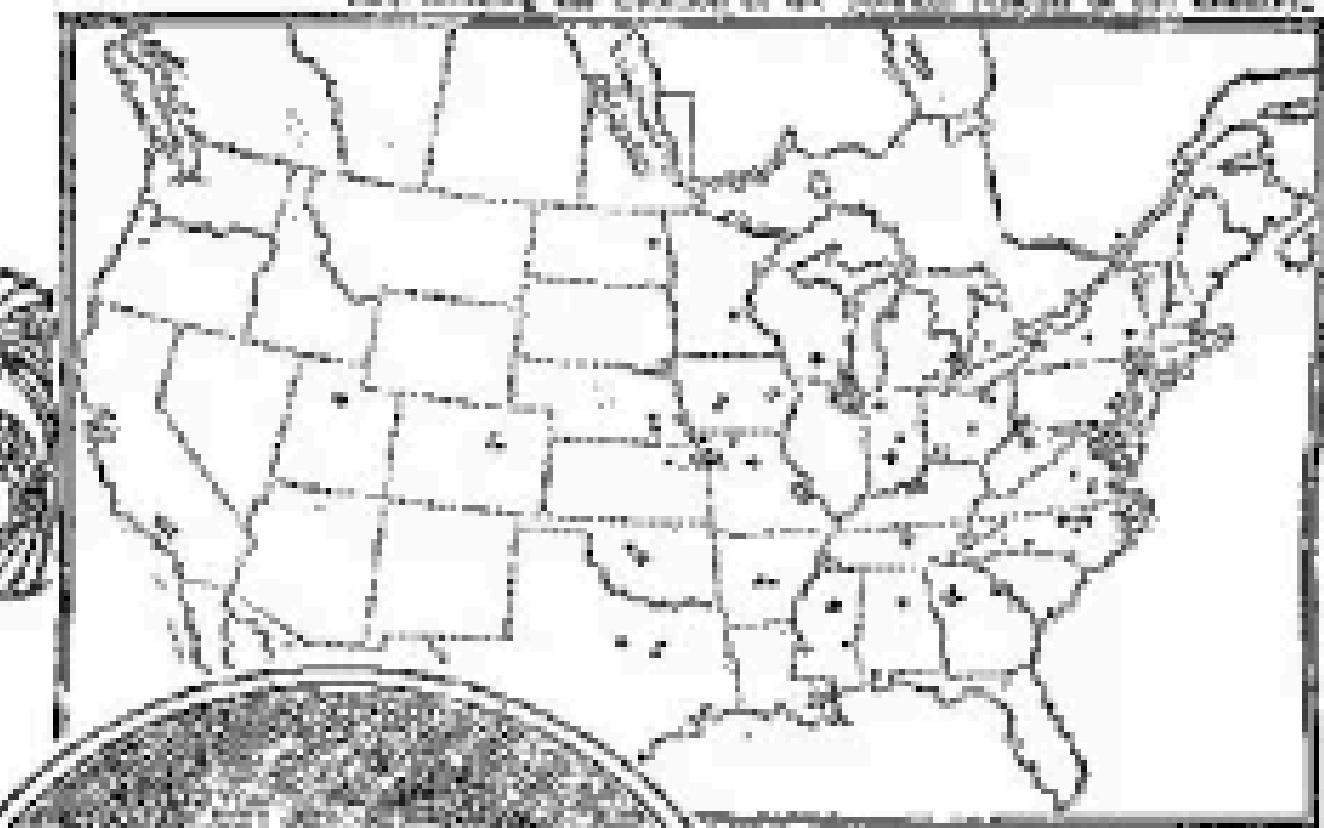
Today the United States has a whole profession not fit to do more than to disgrace its profession, to prostitute it to other countries like Germany.

Many universities * * * have an almost medical schools without making themselves responsible either for the welfare of the patients or for their students.

Approximately one million men in medical schools.



Medical Density.



Medical Density.

What These Parts of a Highly Developed School Are by State Prohibited to Teach Other Than Art, History, and English, and for One Year.

The areas which have become known as the states of the old West in which are prohibited to teach of the following subjects.

1. In hospitals under training, medical training or laboratory and medical science to be a laboratory of chemistry or physiology. High schools teaching medical hospital hospitals to teach students and hospital students have the subjects.

2. In hospitals under training, medical training or laboratory and medical science to be a laboratory of chemistry or physiology. High schools teaching medical hospital hospitals to teach students and hospital students have the subjects.

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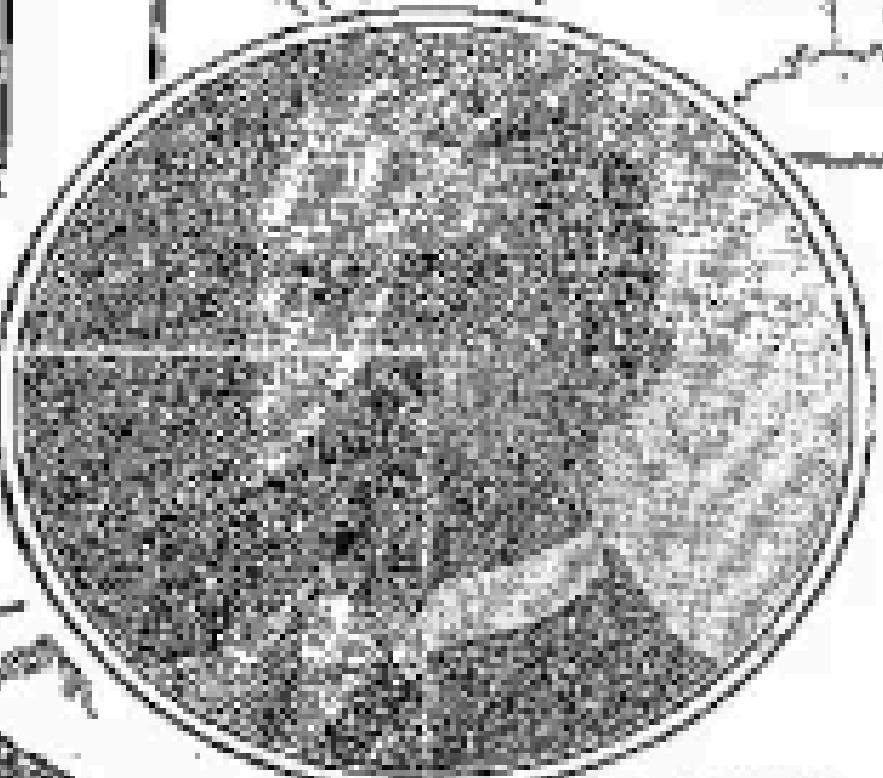
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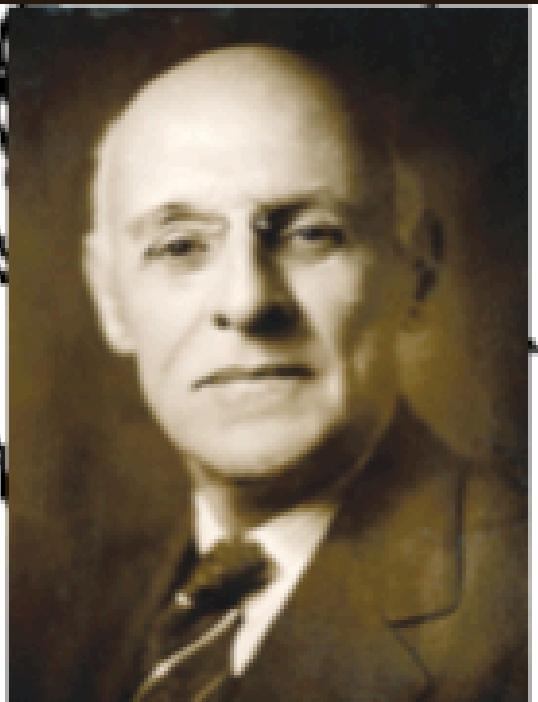
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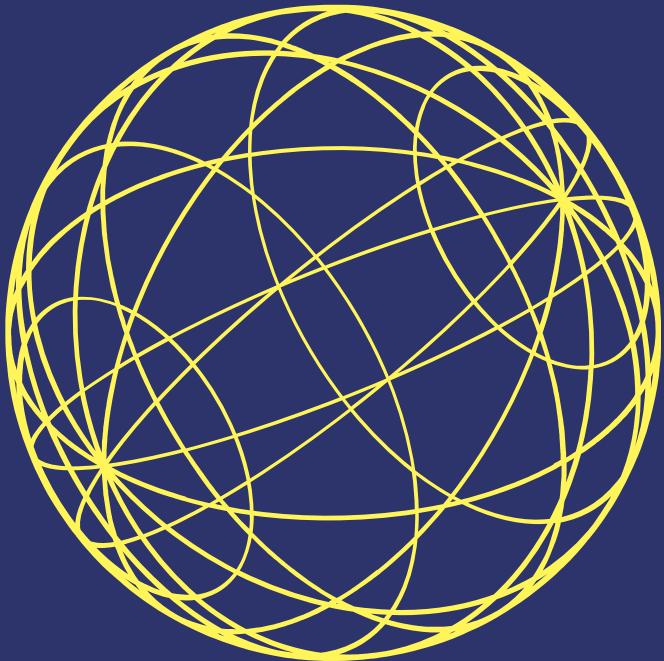
Henry C. Peabody.

* and in these who govern the culture and the ignorance. We can only say that the last 10 years has seen a very much smaller number of doctors trained in the United States.

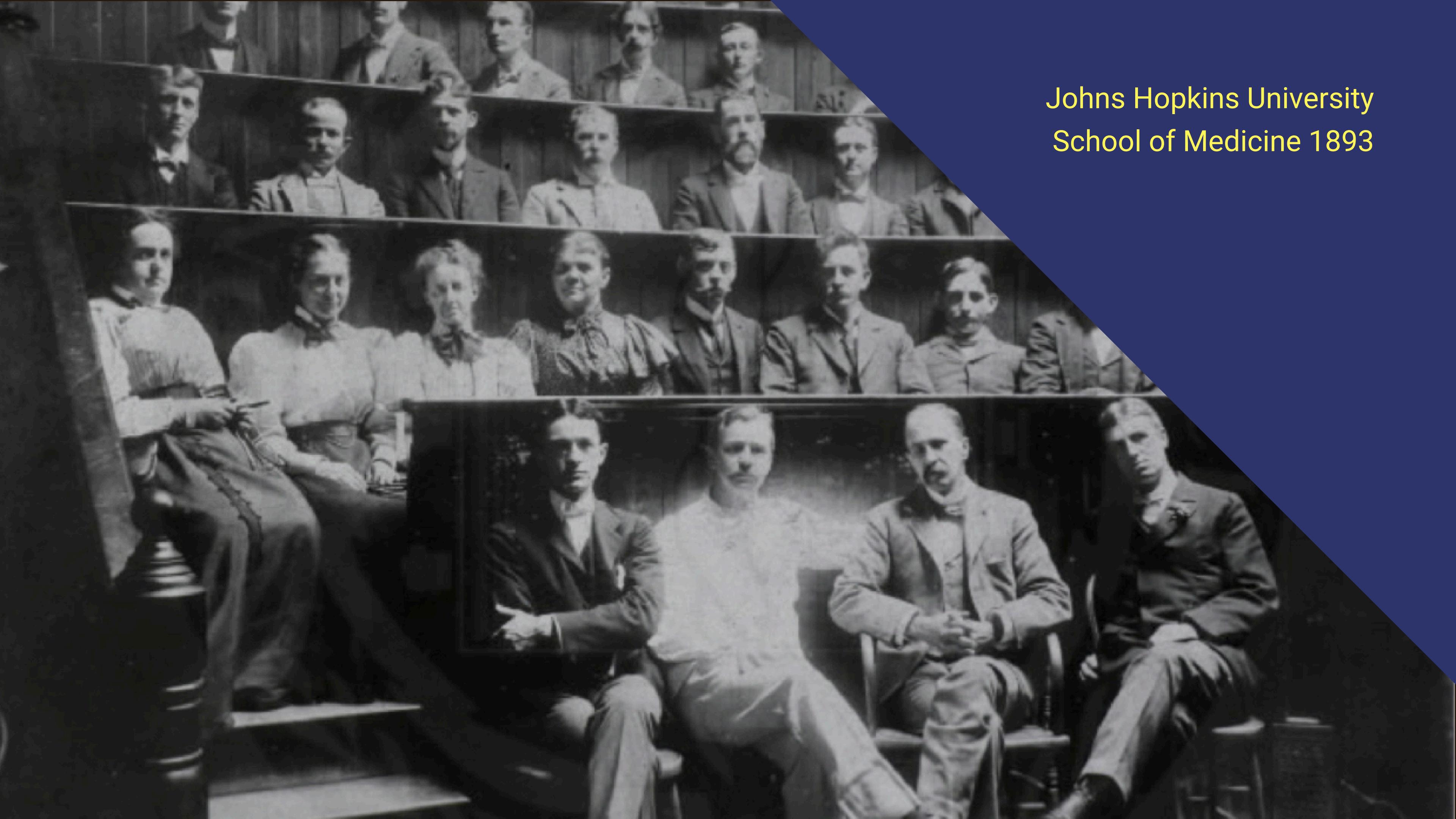




medical education reform: philanthropy



Rockefeller Foundation, visit to
Peking Union Medical College, 1920s



Johns Hopkins University
School of Medicine 1893



RACE AND MEDICAL
EDUCATION
MEHARRY AND HOWARD

The 1910 Report That Disadvantaged Minority Doctors

A century ago, the Flexner Report led to the closure of 75% of U.S. medical schools. It still explains a lot about today's unequal access to healthcare.



Revisiting Black Medical School Extinctions in the Flexner Era

LYNN E. MILLER * AND RICHARD M. WEISS **

*Department of Management, La Salle University, 1900 W. Olney Ave., Philadelphia, Pennsylvania 19141. Email: miller@lasalle.edu

**Department of Business Administration, Alfred Lerner College of Business and Economics, University of Delaware, Newark, Delaware 19716. Email: weissr@udel.edu

ABSTRACT Abraham Flexner's 1910 exposé on medical education recommended that only two of the seven extant medical schools for blacks be preserved and that they should train their students to "serve their people humbly" as "sanitarians." Addressing charges of racism, this article traces the roots of the recommendation that blacks serve a limited professional role to the schools themselves and presents evidence that, in endorsing the continuance of Howard's and Meharry's medical programs, Flexner exhibited greater leniency than he had toward comparable schools for white students. Whether his recommendations to eliminate the other five schools were key factors in their extinction is addressed here by examining 1901–30 enrollment patterns. Those patterns suggest that actions of the American Medical Association and state licensing boards, combined with the broader problem of limited pre-medical educational opportunities for blacks, were more consequential than was the Flexner report both for the extinction of the schools and for the curtailed production of black doctors. **KEYWORDS:** Flexner report, medical education, American Medical Association, black medical schools.

IN 2005, the American Medical Association's Institute for Ethics, with the support of the National Medical Association, charged a panel of experts with the task of examining the historical roots of racial discrimination in organized medicine. The panel's work,

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 Advance Access publication on February 4, 2011

doi:10.1093/jhmas/jrq084

Projected Estimates of African American Medical Graduates of Closed Historically Black Medical Schools

Kendall M. Campbell, MD; Irma Corral, PhD, MPH; Jhojana L. Infante Linares, MS; Dmitry Tumin, PhD

Table 2. African American Enrolled Students and Graduates of Currently Open Historically Black Medical Schools

School	No.	Enrolled students in 2019-2020 ^a	Graduates in 2019-2020 ^b	Graduates in 2018-2019 ^b	Graduates in 2015-2019 ^c	Male to female ratio of 2018-2019 graduates ^d
Charles R. Drew University of Medicine and Science, California ^e	72	22	4	36	1.2:1.0	
Howard University School of Medicine, District of Columbia	316	108	67	314	1.0:1.0	
Meharry Medical College, Tennessee	335	104	82	339	0.7:1.0	
Morehouse School of Medicine, Georgia	260	73	53	207	0.8:1.0	

Abbreviation: AAMC, Association of American Medical Colleges.

^a Data obtained from the AAMC.²⁶

^b Data obtained from the AAMC.²¹

^c Total graduates by US medical school and race/ethnicity from 2013 to 2014 through 2018 to 2019 obtained from the AAMC.

^d Data obtained from the AAMC.²⁰

^e Data from the joint program of the AAMC and the University of California, Los Angeles, provided by the Charles R. Drew University Office of Institutional Research.

Table 3. Projected Estimates of Additional Graduates From Closed Historically Black Medical Schools

School	Estimated graduates per year, mean	Years between school closure and 2019, No.	Additional projected graduates from year of school closure to 2019, No.	
			Steady expansion model ^a	Rapid expansion model ^b
Flint Medical College of New Orleans University, Louisiana	5.27	108	5862	7396
Knoxville Medical College, Tennessee	2.60	109	5678	7300
Leonard Medical School of Shaw University, North Carolina	11.06	101	5750	7102
Louisville National Medical College, Kentucky	4.17 ^c	107	5646	7216
University of West Tennessee College of Medicine and Surgery-Memphis, Tennessee	6.74	96	4837	6301
Total projected graduates				
All 5 schools	NA	NA	27 773	35 315
Leonard Medical School and University of West Tennessee only	NA	NA	10 587	13 403

Abbreviation: NA, not applicable.

^a Assumes an expansion rate of 0.9 graduates per year to a maximum of 100 graduates per year.

^b Assumes an expansion rate of 1.3 graduates per year to a maximum of 100 graduates per year.

^c Mean number of graduates based on the lower limit of the known total number of graduates (Table 1).

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FLEXNER

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Abraham Flexner: Academic Medicine's Favorite Scapegoat

By Linda Rosa, R.N., Retired Nurse, Executive Director of Advocates for Children in Therapy

August 2,
2022

"The practice of the negro doctor will be limited to his own race, which in its own turn will be cared for better by good negro physicians than by poor white ones."

CHAPTER XIV

THE MEDICAL EDUCATION OF THE NEGRO

THE medical care **of** the negro race will never be wholly left to negro physicians. Nevertheless, if the negro can be brought to feel a sharp responsibility for the physical integrity of his people, the outlook for their mental and moral improvement will be distinctly brightened. The practice of the negro doctor will be limited to his own race, which in its turn will be cared for better by good negro physicians than by poor white ones. But the physical well-being of the negro is not only **of** moment **to** the negro himself. Ten million **of** them live in close contact with sixty million whites. Not only **does** the negro himself suffer from hookworm and tuberculosis; he communicates them to his white neighbors, precisely as the ignorant and unfortunate white contaminates him. Self-protection not less than humanity offers weighty counsel in this matter ; self-interest seconds philanthropy. The negro must be educated not only for his sake, but **for** ours. **He** is, **as** far **as** human eye can see, a permanent factor in the nation. **He** has his rights and due and value as an individual ; but he has, besides, the tremendous importance that belongs to a potential source of infection and contagion.

The pioneer work in educating the race to know and to practise fundamental hygienic principles must be done largely by the negro doctor and the negro nurse. It is important that they both be sensibly and effectively trained at the level at which their services are now important. The negro is perhaps more easily " taken in " than the white; and as his means of extricating himself from a blunder are limited, **it** is all the more cruel to abuse his ignorance through any sort of pretense. A well-taught negro sanitarian will be immensely useful; an essentially ,untrained negro wearing an MD. degree is dangerous.

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FLEXNER

Abraham Flexner: Academic Medicine's Favorite Scapegoat

By Linda Rosa, R.N., Retired Nurse, Executive Director of Advocates for Children in Therapy

August 2,
2022



MEDICAL HISTORY

THE HOWARD UNIVERSITY MEDICAL DEPARTMENT IN THE FLEXNER ERA: 1910-1929

Howard R. Epps, MD
Boston, Massachusetts

The Howard University College of Medicine, the oldest predominantly black medical school in the United States, did not always have the financial stability that the institution has today. Known as the Howard University Medical Department in the early 20th century, it narrowly escaped insolvency and dissolution when American medicine reassessed the educational system. The events of this period describe an important chapter not only in Howard's history, but in the history of American medical education.

The early 20th century was an exciting period at Howard for several reasons. First, this era was characterized by intense introspection within the medical profession. Research advances in the late 19th century confirmed the scientific basis of medicine, and after 1900 the American Medical Association (AMA) aggressively pushed to restructure the education system. Little escaped the AMA's scrutiny. Premedical education, medical school curricula, and the quality of the physicians produced were all questioned. Guided by the European system, the AMA understood how it proposed to transform medical education and focused on implementing these ideas at Howard and elsewhere.

Medical Education in the United States and Canada, the 1910 study more commonly known as the Flexner Report after its author Abraham Flexner, had a profound effect at Howard during this period. The report was by no means exclusive of the concurrent reform movement, but its impact was so dramatic that it deserves independent discussion. The report criticized American medical education as a whole, including detailed assessments of

each school. It documented weaknesses at Howard and outlined costly recommendations to rectify the problems. Given the considerable momentum of the reform movement, the school was forced to acquiesce. Failure to comply risked public criticism from organized medicine, as well as financial catastrophe.

Finally, the early 20th century was noteworthy at Howard because during these years medical education burgeoned into a multimillion dollar enterprise. The AMA's proposed transformation of the entire medical education system was an expensive endeavor, but the movement was fueled by the accompanying ascent of medical philanthropy. Nine foundations alone granted medical institutions \$154 million between 1903 and 1934, almost half of the total they gave for all purposes.¹ It has been estimated that the aggregate of donations from private individuals even exceeded the foundations' gifts. Public sources also poured capital into medical education. State legislatures increased their support 15-fold between 1900 and 1923 alone.² Howard administrators were fully aware of these developments, but attracting a portion of this new beneficence was a challenge.

This article explores the events that occurred at Howard from 1910 to 1929, the 20 years following the publication of the Flexner Report. Designation of this period as the "Flexner Era" is purely arbitrary. The focus begins at the report's publication because it was instrumental in publicizing and accelerating a previously established reform movement. Medical education has been constantly evolving throughout the 20th century. Many of the Flexner Report's recommendations are firmly entrenched in the system, while others are long forgotten. The Flexner Era could easily encompass the 78 years that have elapsed since its release.

The 20 years described, however, cover a fascinating period in Howard's history. Like other institutions,

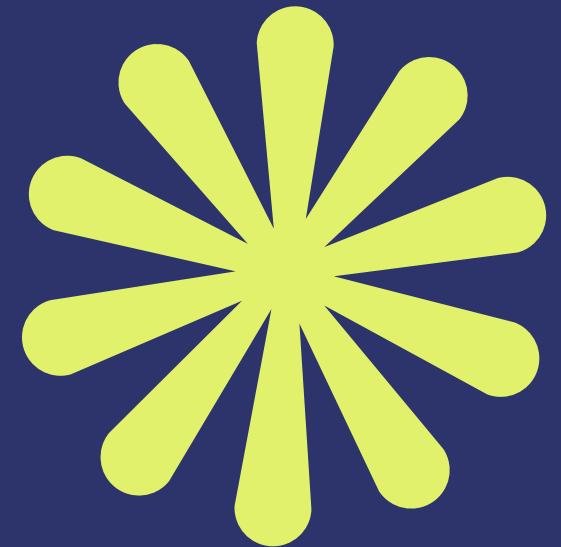
Requests for reprints should be addressed to Dr. Howard R. Epps, 9 Hawthorne Place, 9E, Boston, MA 02114.

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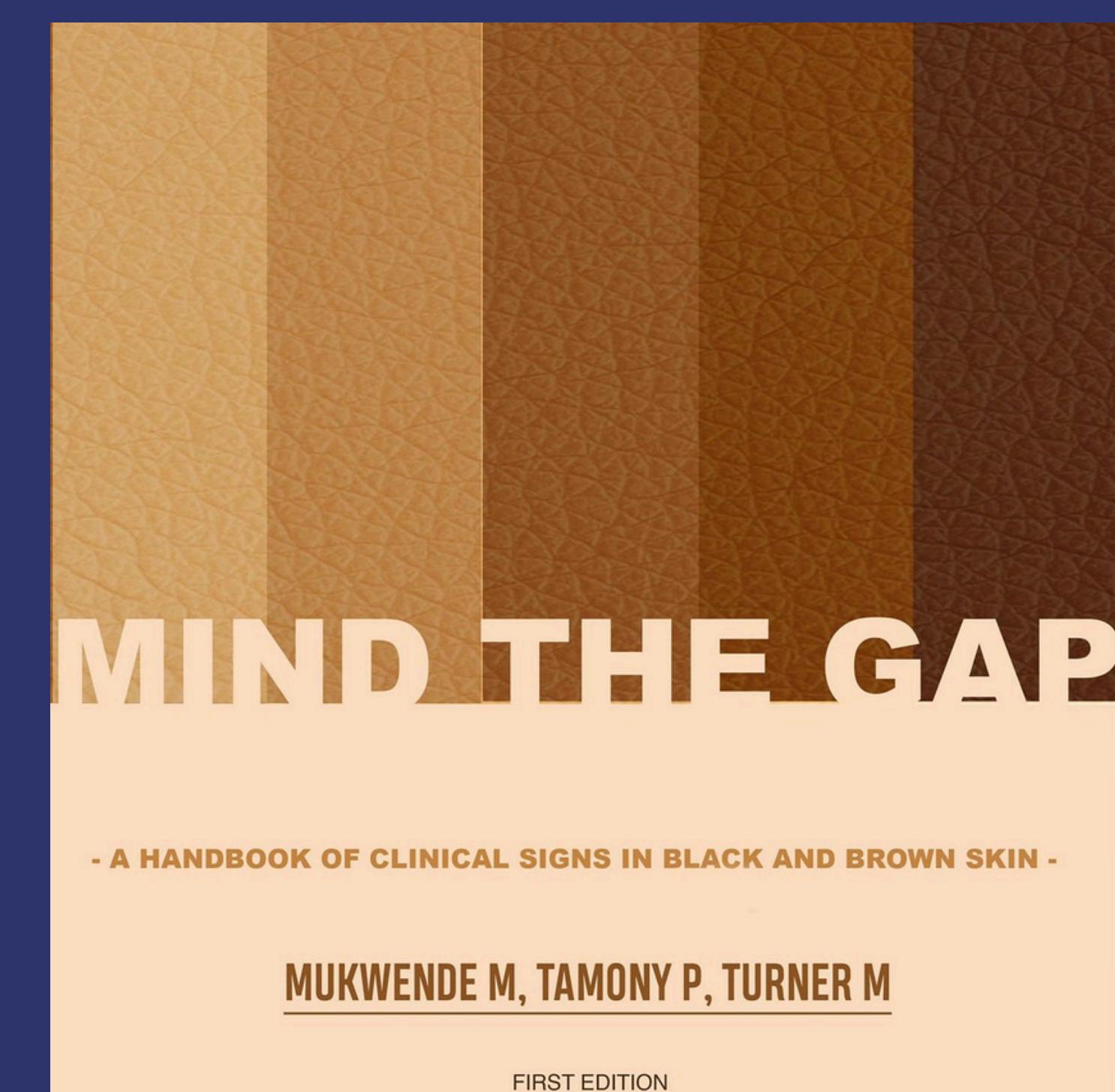
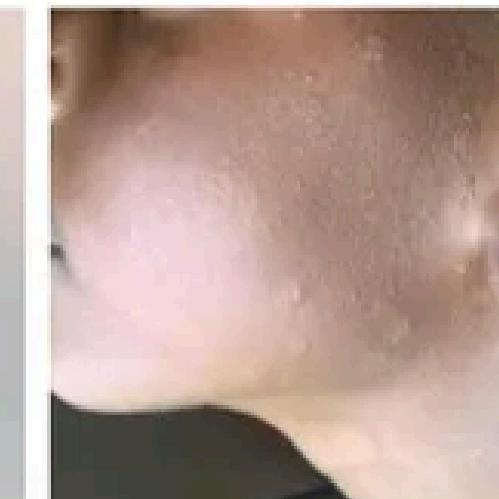
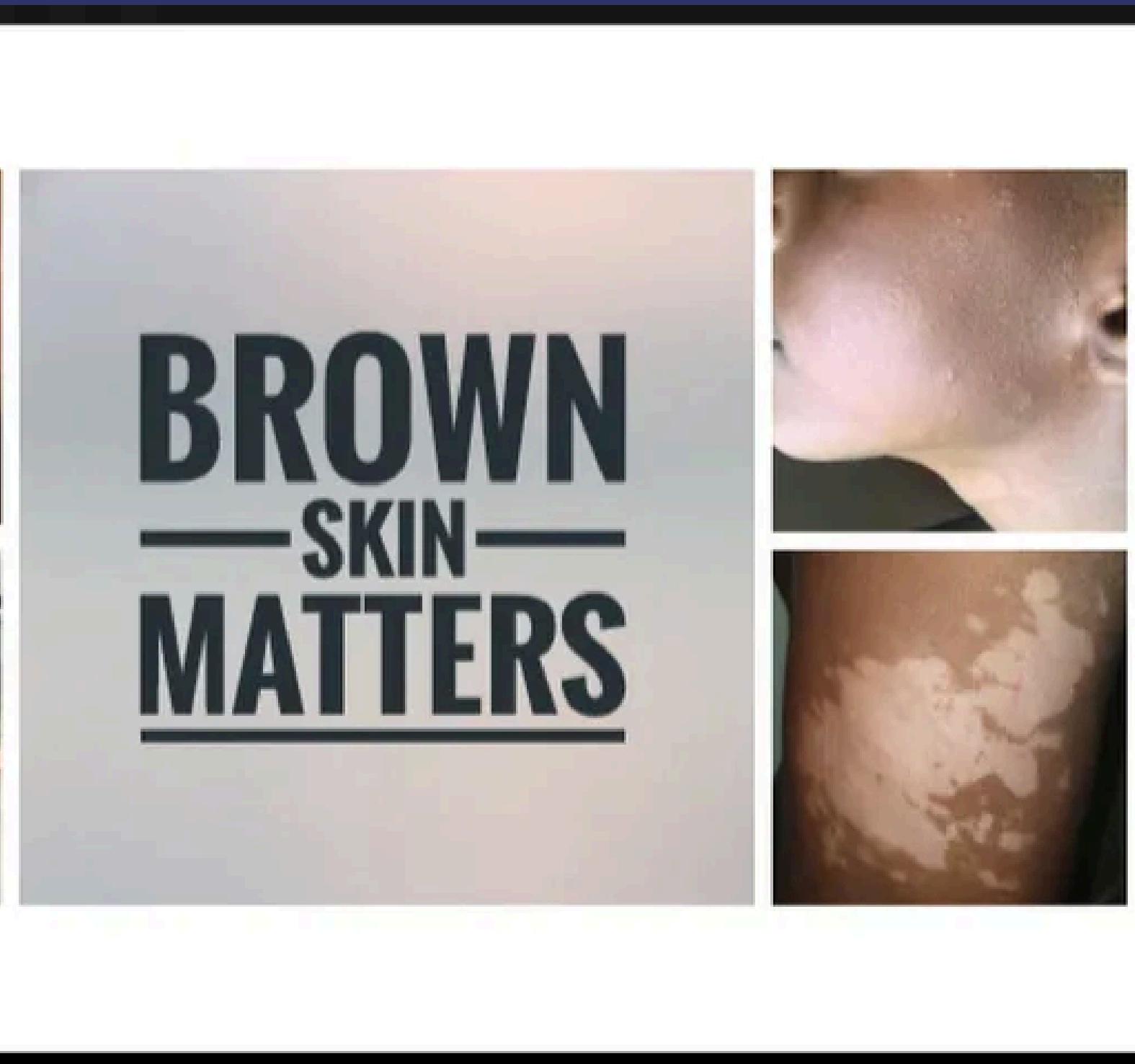
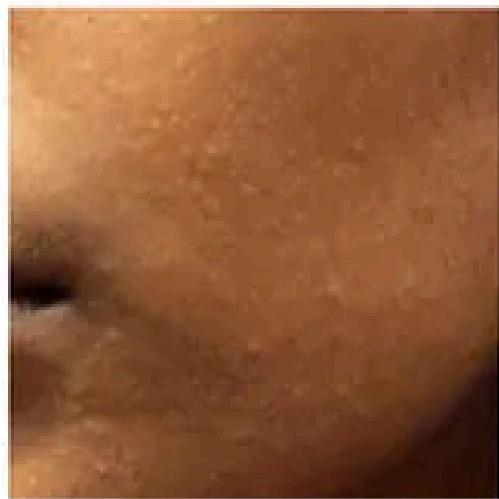
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2. UNDOING HARM: VALUING DEI IN FORM AND IN CONTENT



FIRST EDITION

MEDICINE AND SOCIETY

Debra Malina, Ph.D., *Editor*

Hidden in Plain Sight — Reconsidering the Use of Race Correction in Clinical Algorithms

Darshali A. Vyas, M.D., Leo G. Eisenstein, M.D., and David S. Jones, M.D., Ph.D.

Physicians still lack consensus on the meaning of race. When the *Journal* took up the topic in 2003 with a debate about the role of race in medicine, one side argued that racial and ethnic categories reflected underlying population genetics and could be clinically useful.¹ Others held that any small benefit was outweighed by potential harms that arose from the long, rotten history of racism in medicine.² Weighing the two sides, the accompanying Perspective article concluded that though the concept of race was “fraught with sensitivities and fueled by past abuses and the potential for future abuses,” race-based medicine still had potential: “it seems unwise to abandon the practice of recording race when we have barely begun to understand the architecture of the human genome.”³

The next year, a randomized trial showed that a combination of hydralazine and isosorbide dinitrate reduced mortality due to heart failure among patients who identified themselves as black. The Food and Drug Administration granted a race-specific indication for that product, BiDil, in 2005.⁴ Even though BiDil’s ultimate commercial failure cast doubt on race-based medicine, it did not lay the approach to rest. Prominent geneticists have repeatedly called on physicians to take race seriously,^{5,6} while distinguished social scientists vehemently contest these calls.^{7,8}

Our understanding of race and human genetics has advanced considerably since 2003, yet these insights have not led to clear guidelines on the use of race in medicine. The result is ongoing conflict between the latest insights from population genetics and the clinical implementation of race. For example, despite mounting evidence that race is not a reliable proxy for genetic difference, the belief that it is has become embedded, sometimes insidiously, within medical practice. One

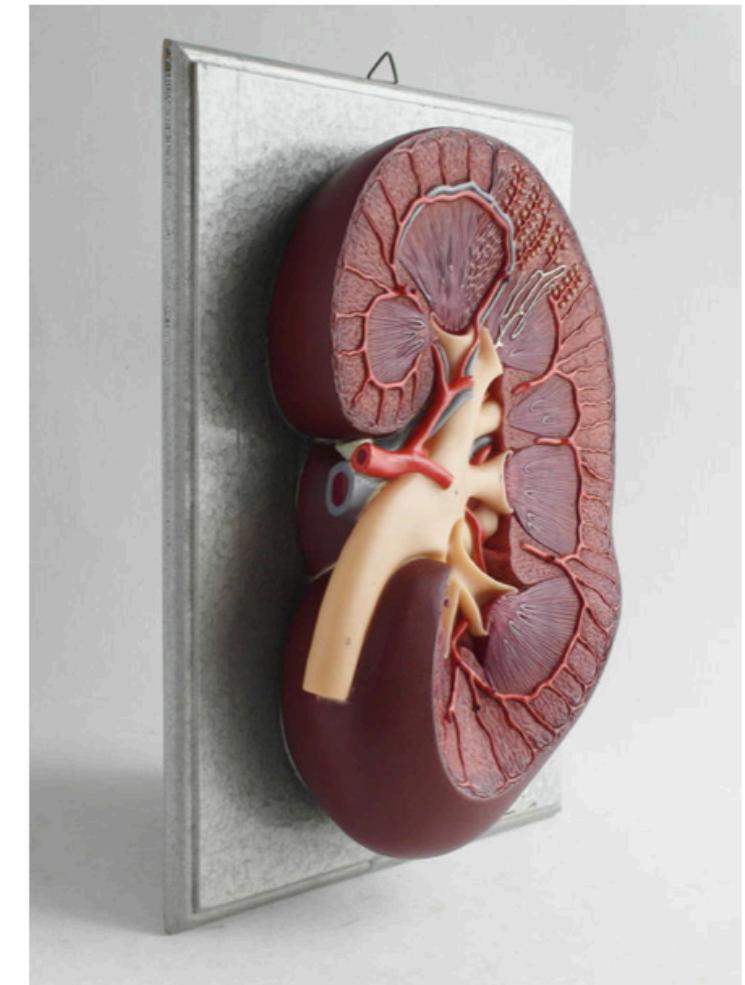
subtle insertion of race into medicine involves diagnostic algorithms and practice guidelines that adjust or “correct” their outputs on the basis of a patient’s race or ethnicity. Physicians use these algorithms to individualize risk assessment and guide clinical decisions. By embedding race into the basic data and decisions of health care, these algorithms propagate race-based medicine. Many of these race-adjusted algorithms guide decisions in ways that may direct more attention or resources to white patients than to members of racial and ethnic minorities.

To illustrate the potential dangers of such practices, we have compiled a partial list of race-adjusted algorithms (Table 1). We explore several of them in detail here. Given their potential to perpetuate or even amplify race-based health inequities, they merit thorough scrutiny.

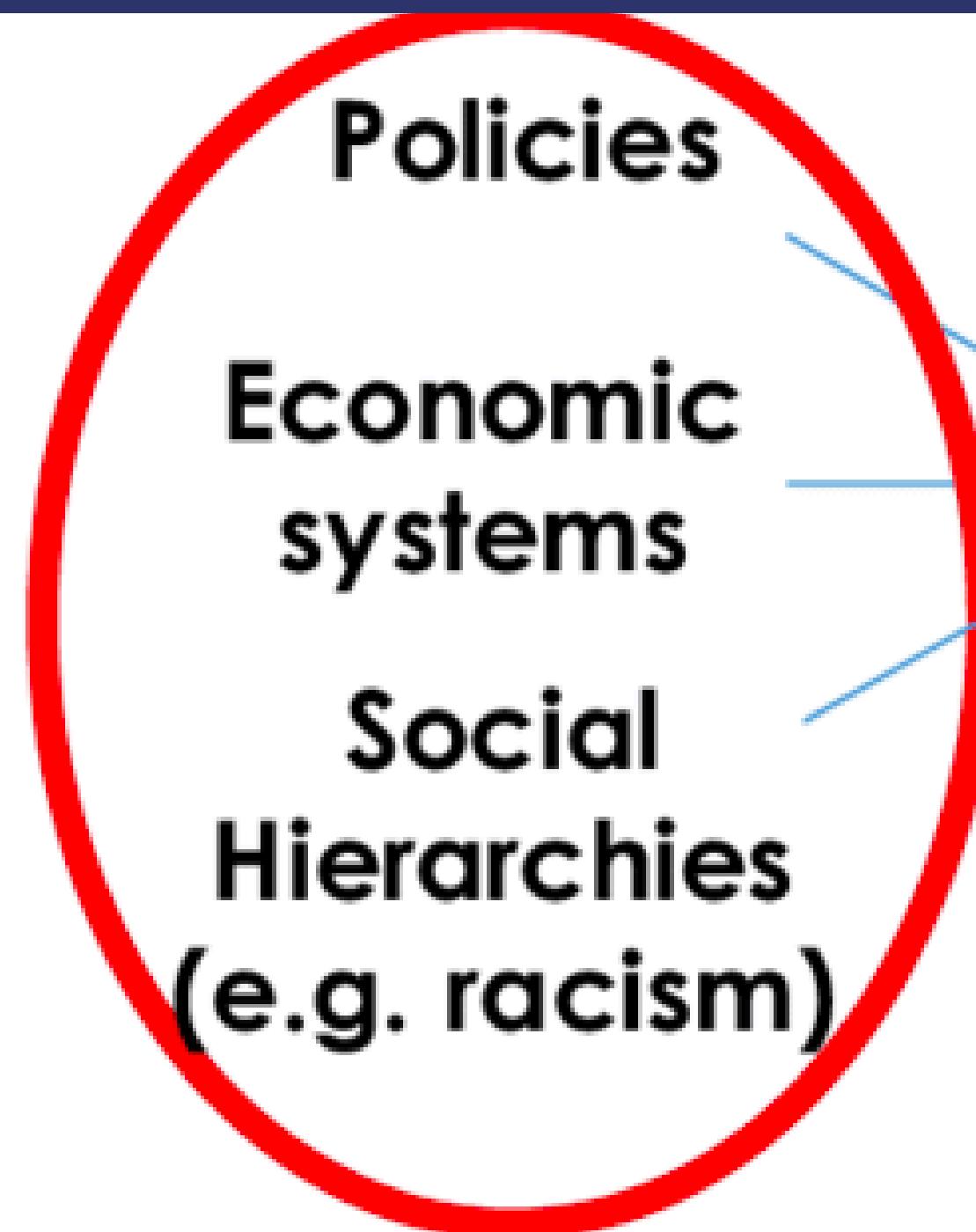
CARDIOLOGY

The American Heart Association (AHA) Get with the Guidelines—Heart Failure Risk Score predicts the risk of death in patients admitted to the hospital.⁹ It assigns three additional points to any patient identified as “nonblack,” thereby categorizing all black patients as being at lower risk. The AHA does not provide a rationale for this adjustment. Clinicians are advised to use this risk score to guide decisions about referral to cardiology and allocation of health care resources. Since “black” is equated with lower risk, following the guidelines could direct care away from black patients. A 2019 study found that race may influence decisions in heart-failure management, with measurable consequences: black and Latinx patients who presented to a Boston emergency department with heart failure were less likely than white patients to be admitted to the cardiology service.²⁴

do organs have race?

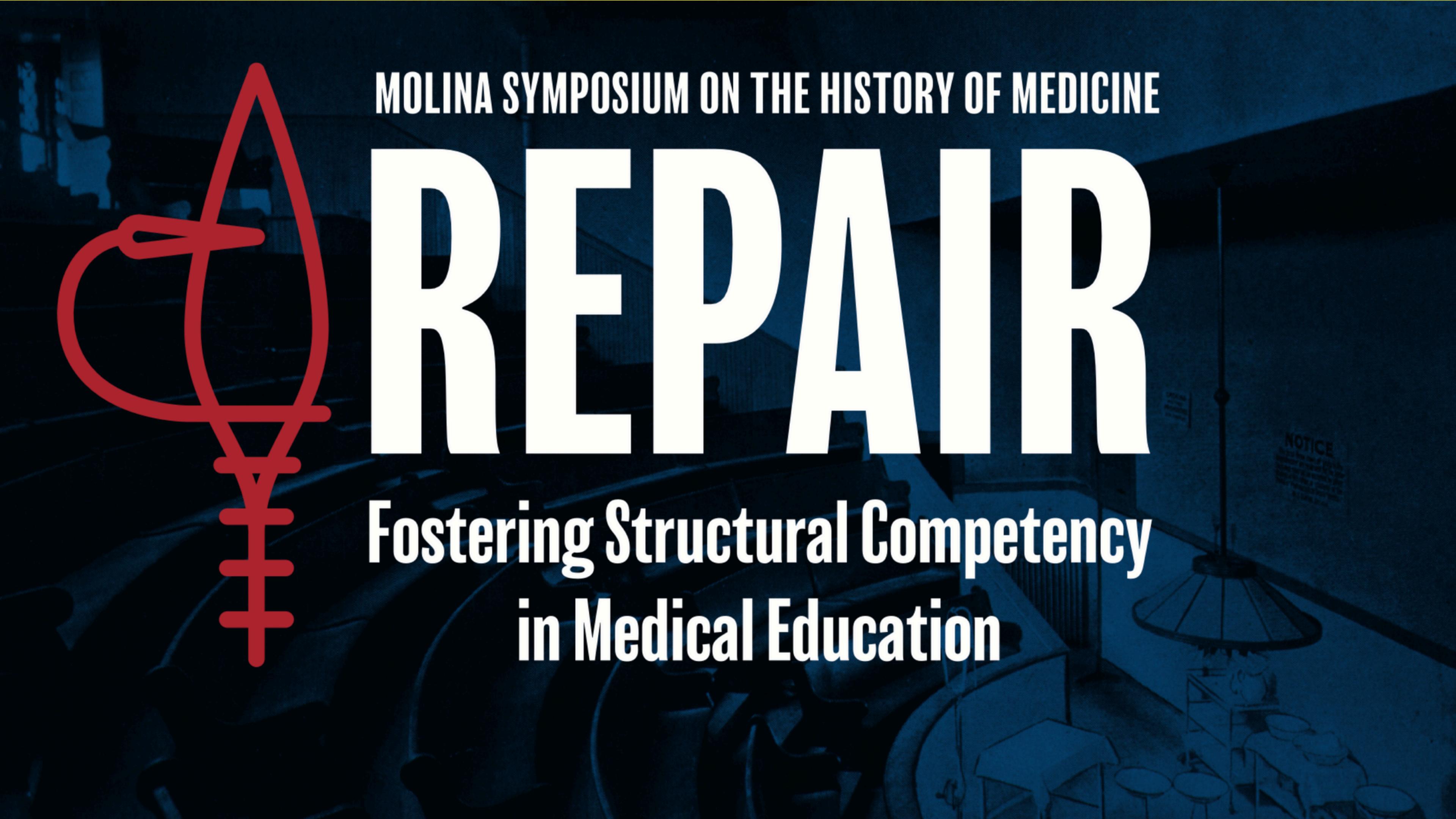


Structures



Structural Competency

“Structural determinants of the social determinants of health”

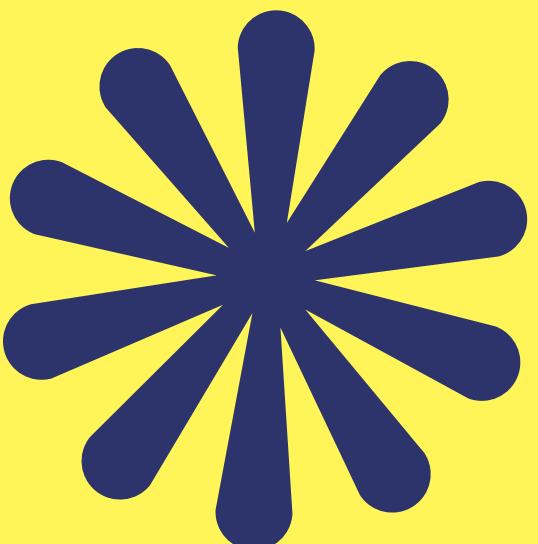


MOLINA SYMPOSIUM ON THE HISTORY OF MEDICINE



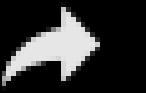
REPAIR

Fostering Structural Competency
in Medical Education



3. BACKLASH: THE CRITIQUE OF “WOKE MEDICINE”

Do No Harm - A Physician's Journey to Combat The Ris...



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Take Two Aspirin and Call Me by My Pronouns

At 'woke' medical schools, curricula are increasingly focused on social justice rather than treating illness.

COMMENTARY

By Stanley Goldfarb 

September 12, 2019 05:54 p.m. EDT

The American College of Physicians says its mission is to promote the “quality and effectiveness of health care,” but it’s stepped out of its lane recently with sweeping statements on gun control. And that isn’t the only recent foray into politics by medical professionals. During my term as associate dean of curriculum at the University of Pennsylvania’s medical school, I was chastised by a faculty member for not including a program on



Why have medical schools become a target for inculcating social policy when the stated purpose of medical education since Hippocrates has been to

They emphasize “social justice” that relates to health care only tangentially. This approach is the result of a progressive mind-set that

eliminating health care costs and ensuring that the next generation of physicians is well-equipped to deal with cultural diversity, which are worthwhile goals. But teaching these issues is coming at the expense of rigorous training in medical science. The result of this “new,” politicized medical education worry all Americans.

The traditional model of medical education, which has been around for a thousand years, is

ACP Responds to WSJ Commentary on Social Justice Education in Medical School

[HOME](#) > [ADVOCACY](#) > [ACP ADVOCATE](#) > [ARCHIVE](#) > [OCTOBER 4, 2019](#) > ACP RESPONDS TO WSJ COMMENTARY ON SOCIAL JUSTICE EDUCATION IN MEDICAL SCHOOL

ACP Responds to WSJ Commentary on Social Justice Education in Medical School



The College says social justice issues such as firearm violence and climate change represent the world in which physicians practice and care for patients

Oct. 4, 2019 (ACP) – The American College of Physicians (ACP) has strongly reaffirmed its position on medical school curriculums and social issues in response to a column published in the *Wall Street Journal* critical of ACP's stance on medical school education.

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INDOCTRINATION MAP

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Resources: Get Smart



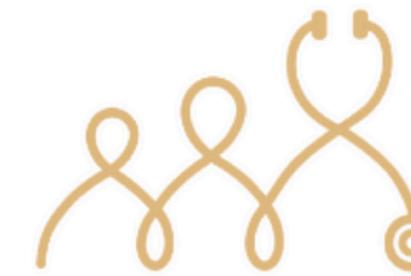
P

List of School District Transgender
Student Policies

**As many of you know, antiracism
isn't what it says. Antiracism is
actually racism. Antiracism is
actually a discriminatory activity
that favors one group of patients
over another.**

Stanley Goldfarb, Do No Harm
March 2023

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Do No Harm fights for individual patients – and against identity politics.

Many U.S. medical schools offer scholarships and programs that illegally discriminate based on sex, gender identity, race/ethnicity, color, or national origin. We have filed more than 100 federal civil rights complaints to challenge them.

25

Investigations have been
opened in response to our
complaints filed with the
Office for Civil Rights

Join the Movement. Become a Member.

lly posts
myself
n sex with...



Man who hunted
teenage girl 'like an
animal' with bow and...



Dad who exposed woke
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Med schools are even more woke than you think — and your care is at risk

By Dr. Stanley Goldfarb

November 16, 2022 | 6:13pm | Updated



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Divisive, Excessive, Ineffective: The Real Impact of DEI on College Campuses



House Committee on Education & the Workforce
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“DEI is dangerous everywhere, but it is most dangerous in medical school...your future doctors are learning about divisive politics at the expense of medical care”

Do No Harm, testimony to House Committee on Education and the Workforce, March 2024



Murphy Introduces Bill to Ban DEI in Medicine

March 19, 2024 [Press Release](#)

Washington, D.C. — Congressman Greg Murphy, M.D. introduced the *Embracing anti-Discrimination, Unbiased Curricula, and Advancing Truth in Education (EDUCATE) Act* to ban race-based mandates at medical schools and accrediting institutions.

"American medical schools are the best in the world and no place for discrimination," said Congressman Greg Murphy, M.D. "The EDUCATE Act compels medical schools and accrediting agencies to uphold colorblind admissions processes and prohibits the coercion of students who hold certain political opinions. Diversity strengthens medicine, but not if it's achieved through exclusionary practices. Medicine is about serving others and doing the best job possible in every circumstance. We cannot afford to sacrifice the excellence and quality of medical education at the hands of prejudice and divisive ideology."

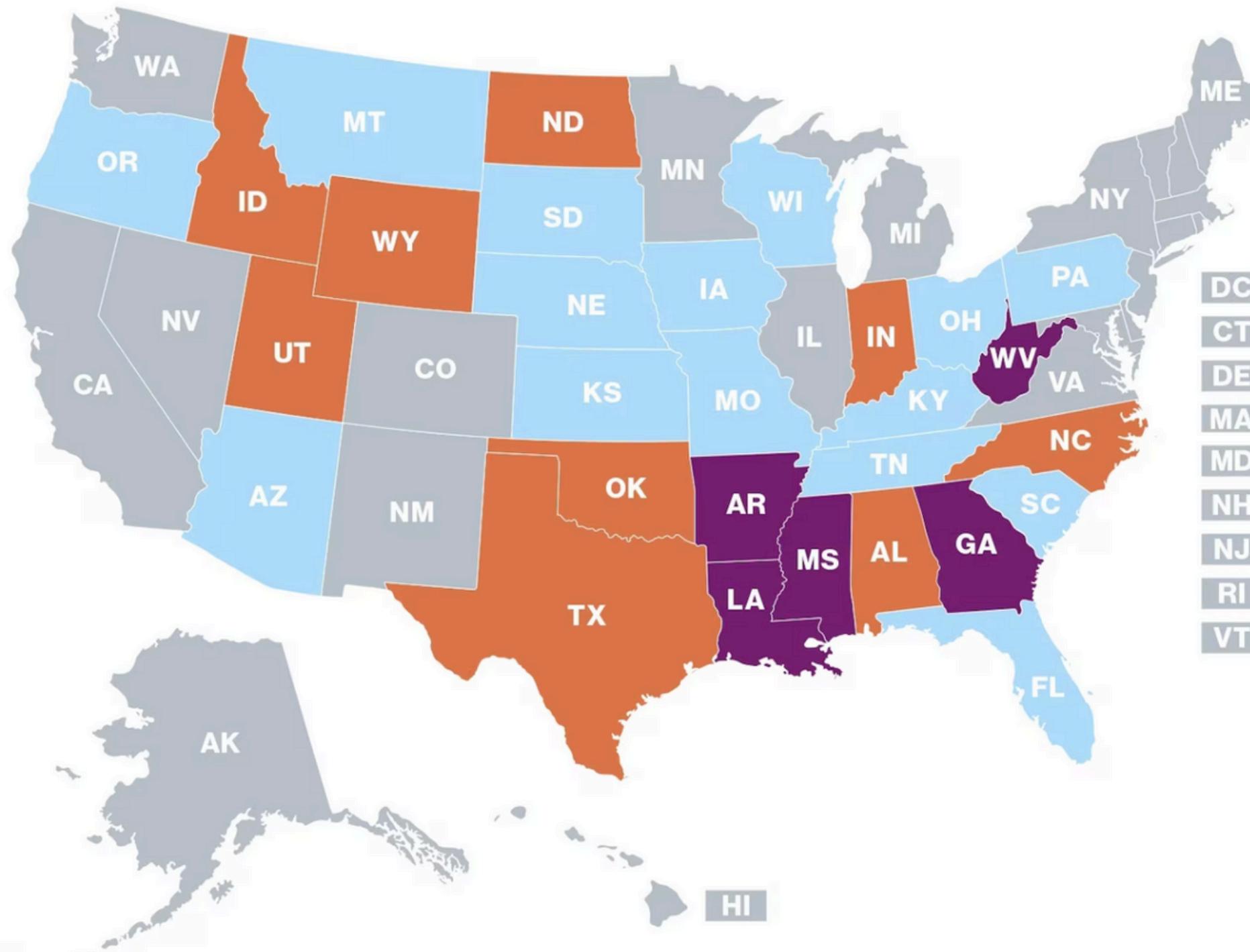
"For both the health of American patients and the good of the next generation of physicians, it's important that medical education is free from discrimination," said Congressman Brad Wenstrup, D.P.M. "Physicians should treat patients as they would themselves and their families, rather than being forced to pledge, affirm, or adopt tenets that have infiltrated higher education. This bill helps ensure that best practices in medical education are followed equally for all and keeps our nation's future doctors focused on caring for patients."

"Allowing rebranded race-based discrimination to infiltrate medical education is dangerous for future doctors and patients alike," said Dr. Stanley Goldfarb, Chairman of Do No Harm. "I have witnessed firsthand the alarming rate at which DEI ideology has spread through medical schools across the country. If we fail to stop it, we risk a generation of physicians ill-equipped to meet the needs of their patients. Do No Harm applauds Congressman Murphy for taking this critical first step to end harmful DEI practices and make academic excellence the priority for medical schools once again."

Anti-DEI laws across the country

STATES ACROSS THE COUNTRY ARE RESTRICTING DIVERSITY EFFORTS.

Bill introduced Passed into law Bill defeated None



abcNEWS

States across the country are restricting diversity efforts.

ABC News

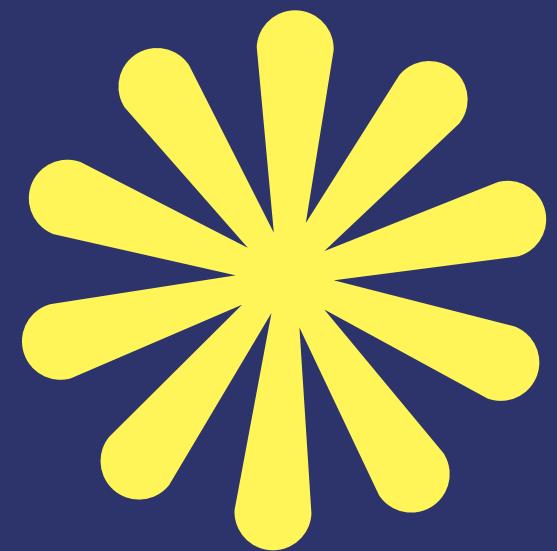
The ‘Colorblindness’ Trap How a civil rights ideal got hijacked.

By Nikole Hannah-Jones



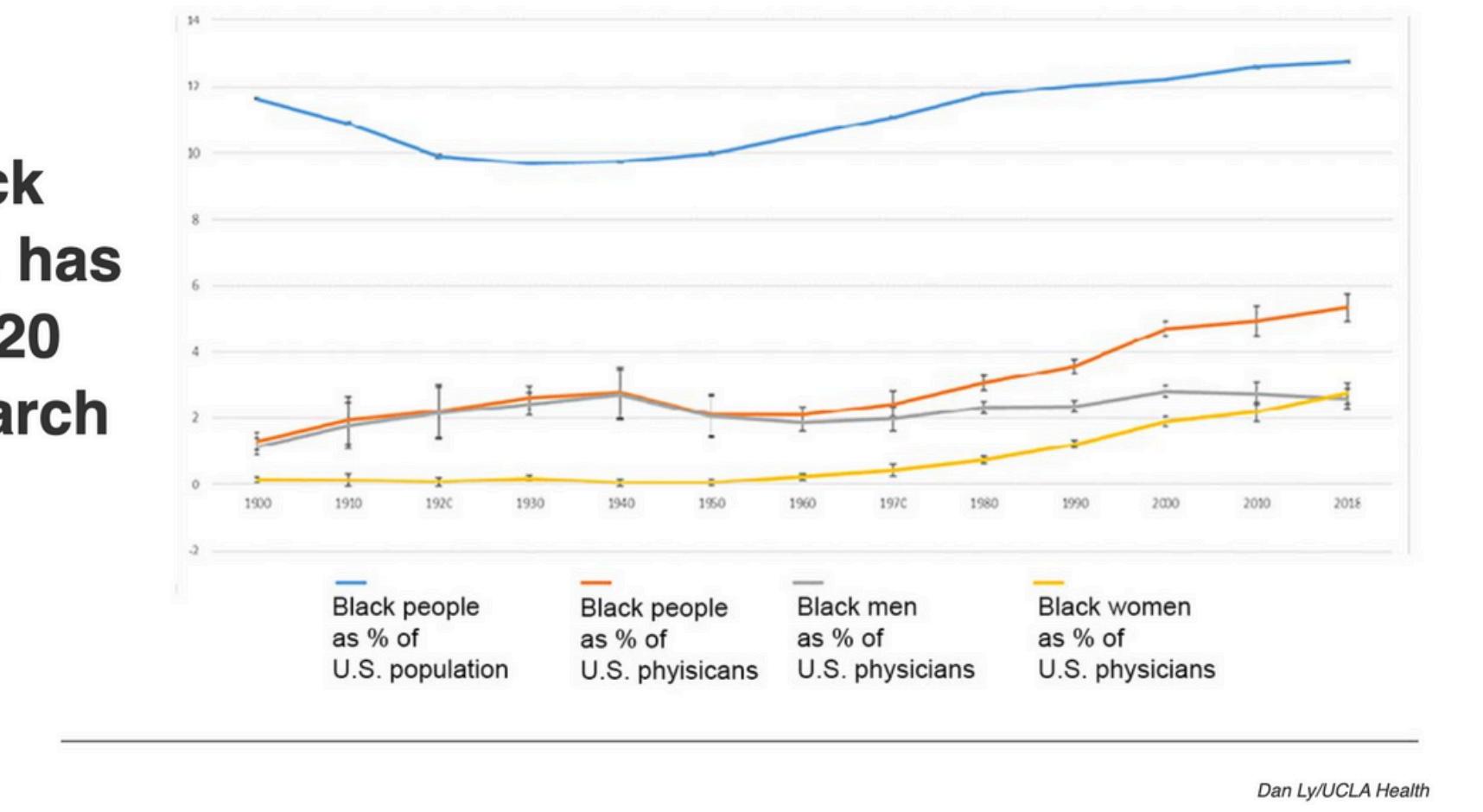
Howard University, which was founded to serve people who had been systematically excluded from higher education, faces the threat of a lawsuit if its medical school does not ignore race when admitting students.

Michael A. McCoy for The New York Times



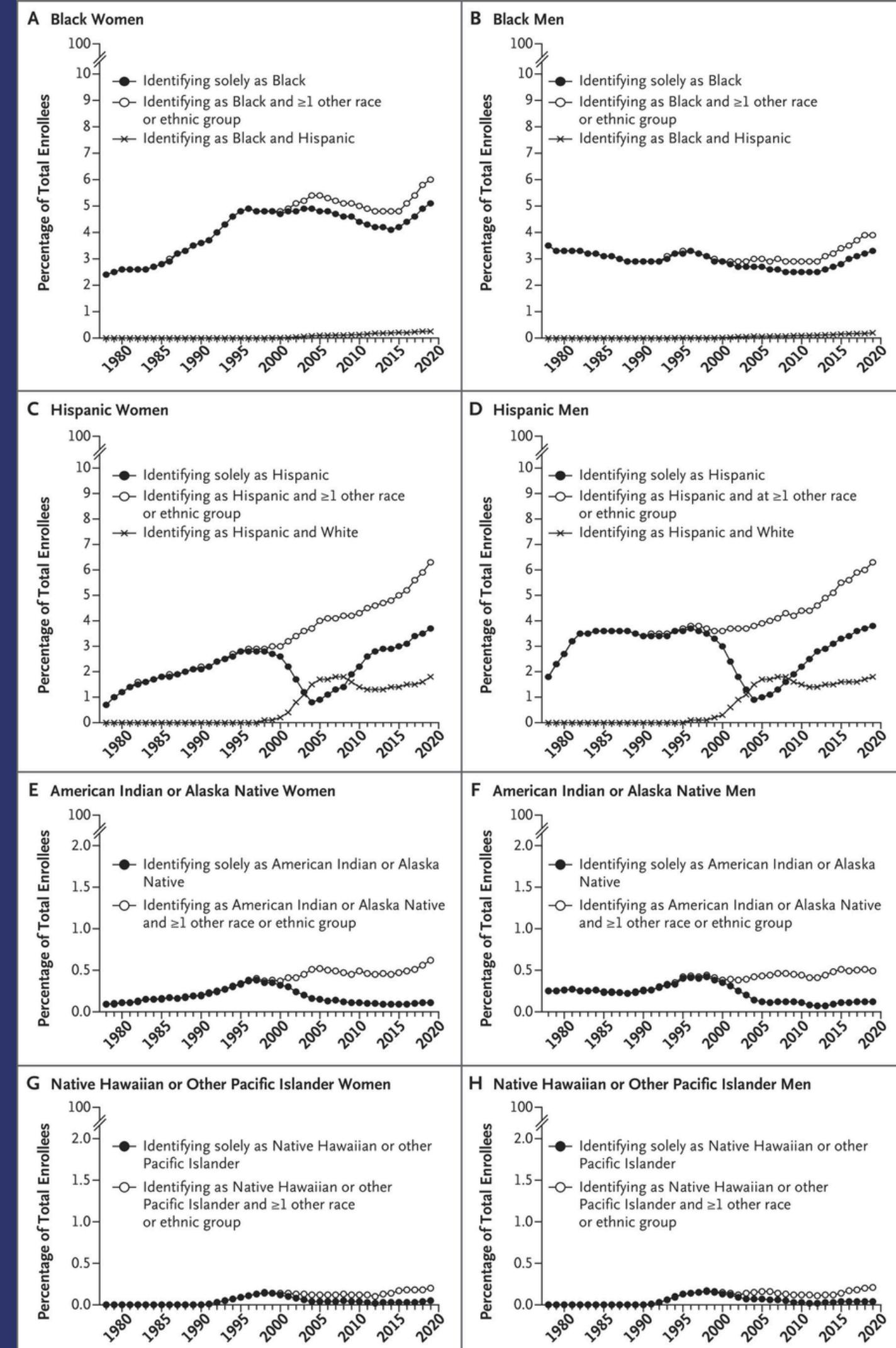
4. FROM HARM TO REPAIR

Proportion of Black physicians in U.S. has changed little in 120 years, UCLA research finds



Ly, D.P. Historical Trends in the Representativeness and Incomes of Black Physicians, 1900–2018. *J GEN INTERN MED* 37, 1310–1312 (2022). <https://doi.org/10.1007/s11606-021-06745-1>

Morris, Devin B., Philip A. Gruppuso, Heather A. McGee, Anarina L. Murillo, Atul Grover, and Eli Y. Adashi. 2021. "Diversity of the National Medical Student Body – Four Decades of Inequities." *New England Journal of Medicine* 384 (17): 1661–68. <https://doi.org/10.1056/NEJMsr2028487>.



What's Next for Medical Schools After Ban on Race-Conscious Admissions

It will be harder to diversify med student ranks and address underrepresentation of minority doctors, experts say.



By Sabine Martin | July 12, 2023, at 4:10 p.m.



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How can
institutions be
reparative in the
context of past
harm... and
present backlash?

2024 Admissions Outcomes



UIM	AY2023-2024	*AY2024-2025	% Change
UIM Admits (MD/PhD)	65	51	-21.54%
UIM Admits (MD-only)	58	47	-18.97%
UIM Enrollment (includes MD/PhD)	22	24	9.10%
UIM Enrollment (MD-only)	19	23	21.05%
Percent of UIM Class (includes MD/PhD)	18%	19%	5.55%
Percent of UIM Class (MD-only)	17%	20%	17.65%
Yield (includes MD/PhD)	34%	47%	38.24%
Yield (includes MD-only)	33%	49%	48.48%



GRADUATE EDUCATION

JOHNS HOPKINS RECEIVES TRANSFORMATIVE BLOOMBERG PHILANTHROPIES INVESTMENT IN FINANCIAL AID FOR FUTURE GENERATIONS OF DOCTORS, NURSES, AND RESEARCH PIONEERS

Thanks to new \$1 billion financial aid gift, most medical students will now attend Johns Hopkins tuition-free, and many will receive additional support to cover living expenses. Financial aid for nursing, public health, and other graduate programs will ensure access for top talent from middle-class and low-income backgrounds.

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October 8, 2024

28



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Bloomberg Philanthropies

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[Our Approach](#) ▾

Bloomberg Philanthropies Announces Largest-Ever Gift to the Nation's Four Historically Black Medical Schools

August 6, 2024

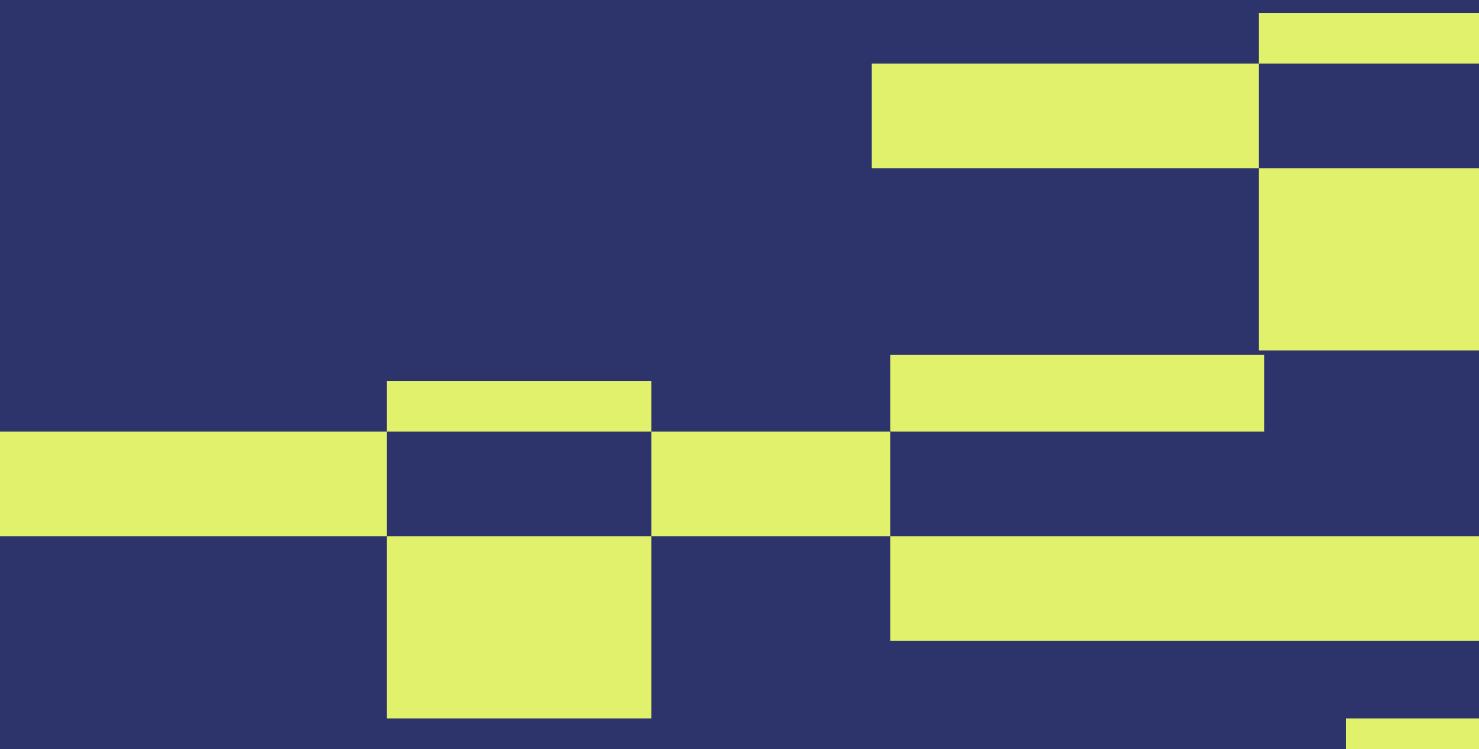
[Founder's Projects](#)

\$600 million commitment aims to increase financial sustainability across the institutions and further their mission of training the next generation of doctors

New support builds on Bloomberg Philanthropies' \$100 million gift in 2020, the largest-ever individual philanthropic gift to these institutions at the time

Setting the Standard

unlocking the expertise and power of our collective
institutions to foster and protect equitable health
science education

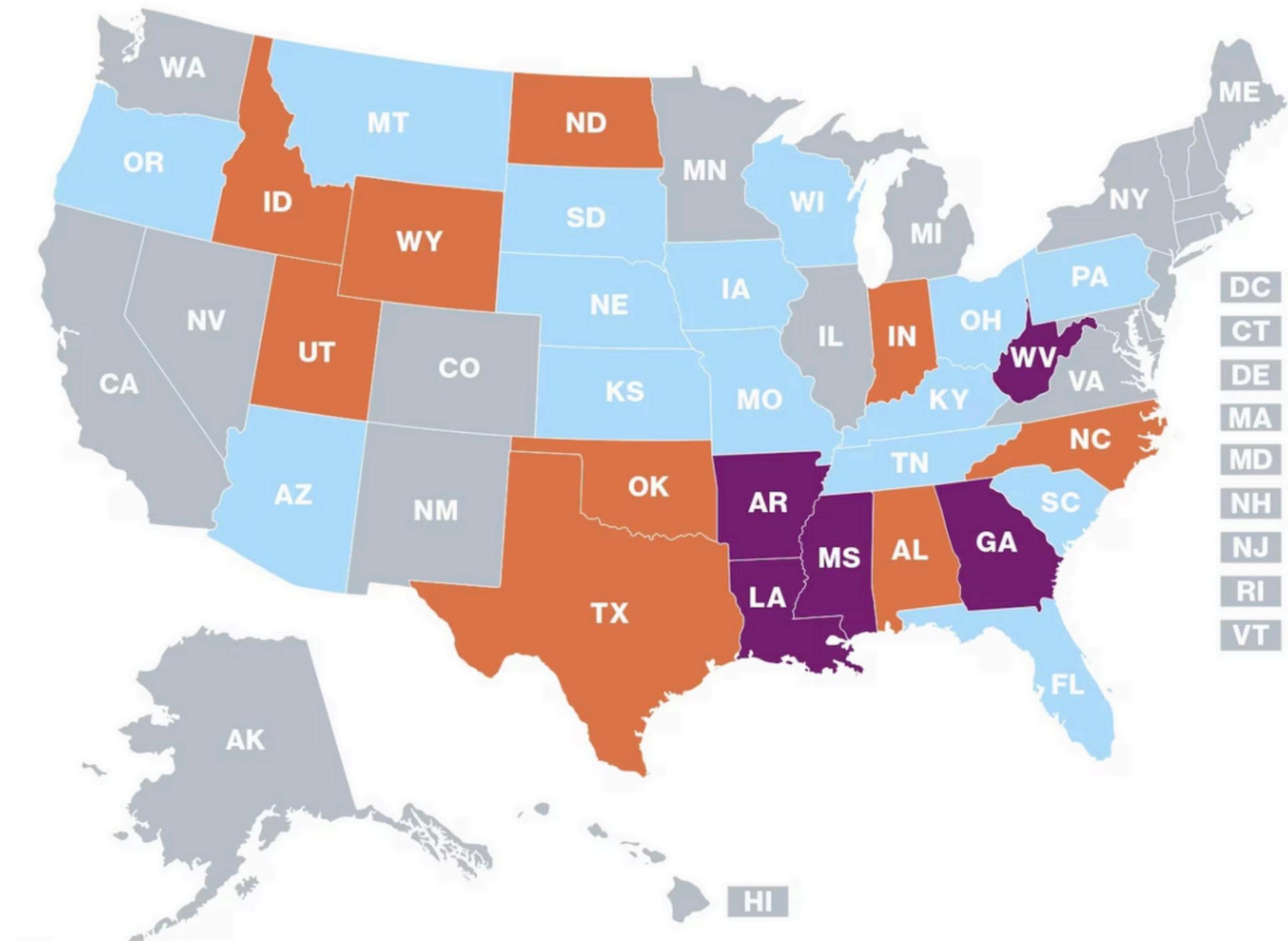


STRUCTURAL CHALLENGES ACROSS PUBLIC UNIVERSITIES & MEDICAL SCHOOLS

Anti-DEI laws across the country

STATES ACROSS THE COUNTRY ARE RESTRICTING DIVERSITY EFFORTS.

Bill introduced Passed into law Bill defeated None



States across the country are restricting diversity efforts.

ABC News

abcNEWS

AAMC-Endorsed Resolution Supporting DEI Programs in Medical Schools Introduced

May 3, 2024

On April 30, Rep. Joyce Beatty (D-Ohio), co-chair of the Congressional Black Caucus' Diversity, Equity, and Inclusion (DEI) Task Force, and Rep. Kathy Castor (D-Fla.), co-chair of the Congressional Academic Medicine Caucus, introduced [H. Res. 1180](#), which would affirm congressional support for DEI programs and academic freedom at medical education institutions. The resolution, which has been endorsed by 21 medical organizations, was referred to the Energy and Commerce Committee.

"Medical schools are in the best position to identify how to prepare their students to meet the needs of the physician workforce and must have the autonomy and flexibility to do so," said David J. Skorton, MD, president and CEO of the AAMC, in the press releases issued by [Beatty](#) and [Castor](#).

Contacts

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✉ apricecarter@aamc.org

For Media Inquiries
✉ press@aamc.org

April 19, 2024

Final Rule Released on
Short-Term Limited
Duration Insurance Plans

ACP Addresses Legislation
Aimed at Banning DEI
Programs in Medical
Schools

ACP Applauds New
Executive Order Aimed at
Expanding Women's Health
Research

HOME > ADVOCACY > ACP ADVOCATE > ARCHIVE > APRIL 19, 2024 > ACP ADDRESSES
LEGISLATION AIMED AT BANNING DEI PROGRAMS IN MEDICAL SCHOOLS

ACP Addresses Legislation Aimed at Banning DEI Programs in Medical Schools



ANA Enterprise Homepage | News | News Releases
2023 News Releases | ANA Opposes Leg Against DEI

ANA Opposes Actions that Prohibit DEI Education and Programs

May 15th 2023

MEDIA CONTACTS:

Shannon McClendon, shannon.mcclendon@ana.org

SILVER SPRING - MD - The American Nurses Association (ANA) strongly opposes any legislation or effort that would prohibit diversity, equity, inclusion (DEI) programs or dictate how history is taught. Prohibiting colleges, universities and health care-related professional institutions and licensing boards from offering DEI training, education

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Public health steadfast in commitment to equity,
even in face of political attacks

Teddi Nicolaus

The Nation's Health August 2024, 54 (6) 1-8;

D-295.963

Medical Education

Continued Support for Diversity in Medical Education D-295.963

Topic: Medical Education

Meeting Type: Annual

Action: Reaffirmed

Council & Committees: Board of Trustees

Policy Subtopic: NA

Year Last Modified: 2024

Type: Directives

1. Our American Medical Association will publicly state and reaffirm its support for diversity in medical education and acknowledge the incorporation of DEI efforts as a vital aspect of medical education.

Conclusion

The Flexner Report was, like so many other Progressive Era reforms, a reform of and by a restrictive elite--and caused both benefit and harm through standard-setting.

How do your institutions mobilize a positive agenda and evidence base valuing diversity, equity, and inclusion in form as well as content?

How can this group use its own ability to set national standards to ensure that a broader, more representative vision of medical knowledge, training, research, and education prevails in the future?

How might we best use our collective resources and visibility to support and foster inclusive excellence--both within our institutions and across the broader health field?